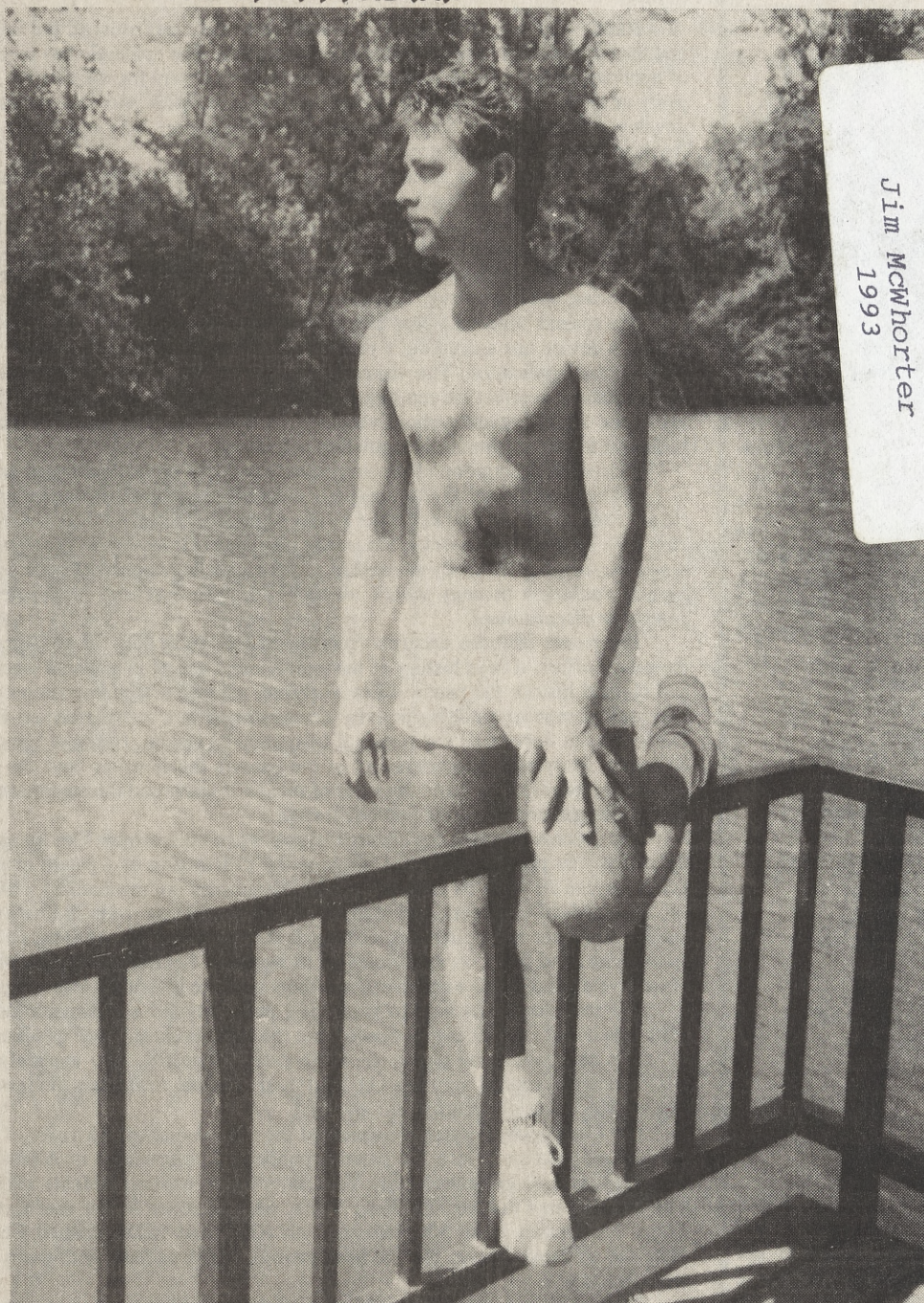


# PATLAR

SEPTEMBER 1988

VOICE OF GAY AMERICA



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**SPECIAL ISSUE**



EXTENSIVE REPORT ON AN AIDS TREATMENT BREAKTHROUGH  
THE VITAL INFORMATION YOU NEED TO KNOW!



## PATLAR

Voice of Gay America

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### COVER PERSONALITY:

Our handsome cover personality for September is 23-year-old Roger Riccio from Sacramento. Roger is the bartender at The Incredible Edible, a popular gay restaurant. Well known around Sacramento for "cutting the rug" at country western dances, he claims that he does just as well on horseback. Roger is not a true rhinestone cowboy, however; he's more of a cubic-zirconium cowboy.

# MR. CATAPANO'S BREAKTHROUGH

## A New New Treatment for AIDS!

by Katie Leishman

*[This article first appeared in the May 23, 1988 edition of the New York Native. It subsequently appeared in the July 18, 1988 edition of City Weekly. The staff of Patlar feels that the information contained in this article is of such vital importance to the Gay Community that we are justified in devoting much of our September edition to it. And we wish to thank Katie Leishman, and all others involved, for giving us permission to use it.]*

Hardly a government office in Washington, D.C. has escaped the impact of AIDS, and the United States Patent Office is no exception. The epidemic has produced a stream of applications for patents related to testing and treatment for the disease. The great majority of these are submitted by pharmaceutical companies, since the research required to develop a treatment and then demonstrate its efficacy are far too arduous and expensive for most independent inventors.

In the seven years since the epidemic began, only three American patents have been issued concerning treatments for acquired immune deficiency syndrome. Two were assigned to pharmaceutical companies--Burroughs Wellcome for the antiviral drug AZT, and Sereno Pharmaceutical Partners for a thymus extract. Yet the third patent, Number 4,711,876, published December 5, 1987, was issued not to Bristol Meyers or Abbott Laboratories, but to Inventor: Salvatore J. Catapano of Valley Stream, New York.

Catapano's discovery was not what most people think of as an invention. It was neither a device nor a drug but a protocol for using an existing substance for a new and unsuspected application. The abstract on page one describes: "A method for treating a human patient to effect the remission of AIDS, which comprises parenterally administering to the AIDS patient typhoid vaccine in a therapeutically effective amount which is sufficient to provide immunostimulating activity."

A detailed description of the invention follows, at once understated and startling:

*It has been found that a complete immunization and remission of a person afflicted with AIDS may be achieved by the parenteral administration with typhoid vaccine with no observed toxicity. Since one object of this invention is to enhance the immune response of the body to combat AIDS any other treatment such as chemotherapy and radiation therapy which would reduce the immune response of the body, should be discontinued.*

The patent includes excerpts from the much larger body of evidence presented to the patent office--a brief history of the treatment of one of 12 patients whose blood work and clinical history the patent office analyzed, as well as documentation of the typhoid vaccine's immunostimulating activity demonstrated in a test performed in 1976 by the Public Health Service of the National Institutes of Health, National Cancer Institute in Bethesda, Maryland. The simplicity of the patent's thesis belies both the years of work that went into reaching it and the rigor of review it withstood during months of patent office challenges and demands for clarification.

The process of obtaining a patent begins when the inventor files an application with the office. His presentation must prove to the satisfaction of a patent examiner that the invention can do what its inventor claims. Examiners are mechanical, chemical, electrical, and medical engineers, and many have law degrees as well. Ordinarily only one examiner evaluates an application, and he or she can make suggestions, challenges or reject claims, and insist on modifications in wording. Sometimes the prosecution can last several years and involve numerous meetings with the inventor's legal counsel.

The inventor is not held to presenting proof beyond a reasonable doubt, but must offer "clear and convincing evidence" that the invention can meet its claims. In general, the more remarkable the claim, the more data is required. Any application concerning AIDS receives special scrutiny. At least four medical examiners reviewed Catapano's patent, which was obtained in just a year.

For Catapano the patent represented the culmination of 15 years of research with the typhoid vaccine. Since the patent's publication, physicians in Atlanta, Dallas, San Francisco, Los Angeles, and New York have begun treating patients with the protocol. The first of these doctors, Dr. Terry Pulse, who practices family medicine near Dallas, Texas, has treated some 500 patients with AIDS and AIDS-Related Complex (ARC) since the epidemic began. He has been treating AIDS patients with the typhoid vaccine since January.

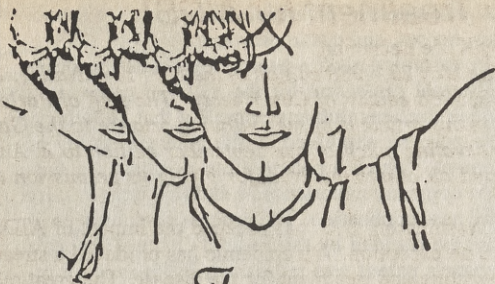
"The typhoid vaccine is simply the first thing that has worked on patients," he says. "Every other approach to the disease has been like answering the question, 'How do you get rid of frogs in a pond?' by 'Trying to shoot each frog as it raises its head.' The Catapano approach is: 'Drain the pond.'"

Pulse says the improvement of the first patient he treated is typical. Forty Kaposi's sarcoma lesions were reduced to four within a month, and all opportunistic infections resolved. The patient's blood work improved dramatically. On another patient, who had 300 lesions over his entire body, lesions are starting "to peel away like scabs."

Any physician who uses the typhoid vaccine for AIDS must obtain a license under

Continued on Page 4.

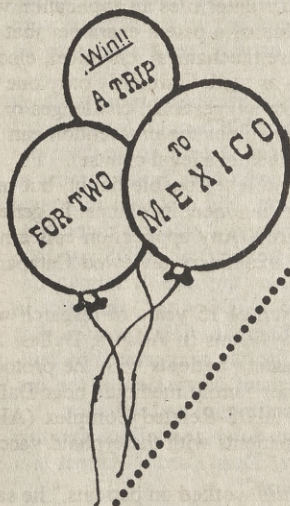




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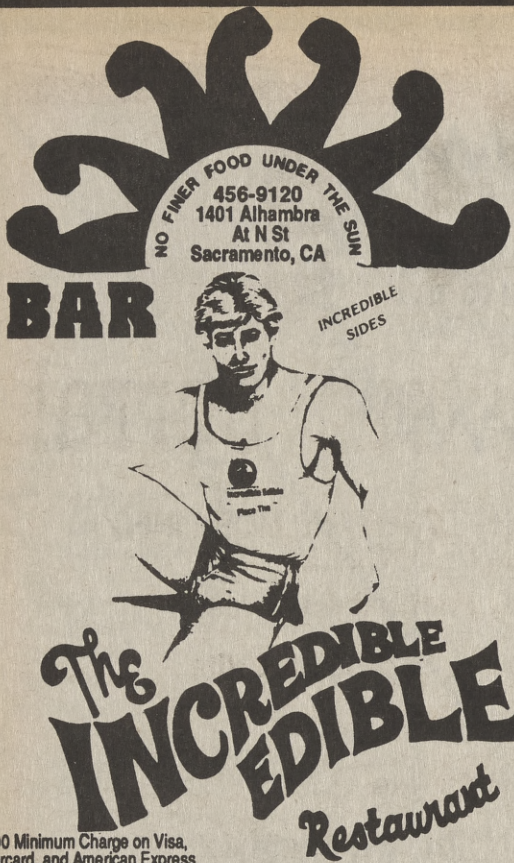


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the patent or he is guilty of "direct infringement." Moreover, Catapano's patent is broad enough to cover the use of the vaccine in treating other disorders which he believes are also immuno-related, such as multiple sclerosis, rheumatoid arthritis, Alzheimer's disease, chronic mononucleosis, herpes, and cystic psoriasis.

The difficulties in enforcing such a patent, known as a process patent, are evident. The real protection for the inventor comes in a statutory provision which declares that any company that knowingly sells a product for the purpose expressed in the patent is guilty of "contributory infringement," which a patentee can demonstrate simply by showing that the company experiences a sudden jump in sales clearly arising from the new application. The process patentee's position was affirmed in a case decided by the Federal Court of Appeals the week before Catapano's patent was published, in favor of an inventor who had patented the use of potassium nitrate to desensitize teeth.

Salvatore Catapano is 72 years old. He is not a physician. He does not have a Ph.D. He did not graduate from college. He began his research years before AIDS emerged and for another purpose, and yet, had the epidemic not arisen, he might never have seen its fruits. His is both a tale of the epidemic and one that goes beyond it. The treatment model he has created for the disease may provide therapeutic strategies for many others.

Since October 1986, Catapano has supervised the treatment of some 200 AIDS patients, in collaboration with Dr. Miguel Cima, an internist and rheumatologist in Rockville Center. Dr. Cima first worked with Catapano several years ago in the treatment of one cancer patient, a terminal case.

"It was only one patient," he says, "but her improvement was so sudden and marked, the quality of what remained of her life so enhanced, that I thought the typhoid vaccine's use in cancer therapy had to be explored. When Mr. Catapano suggested using the treatment for AIDS patients, my expectations were not great. Every physician is trained to be skeptical. But after treating several patients, I was not any longer. If I had AIDS, this is the therapy I would choose.

"We have seen many intriguing things in the patients. We have observed that herpes will not recur in patients once the typhoid vaccine treatments are in progress. We had one patient with psoriasis whose psoriasis disappeared within six weeks.

"My impression of Mr. Catapano can be summarized in one sentence: He has made an important observation about the therapeutic potential of typhoid vaccine treatment in a range of diseases and disorders where the immune system is involved."

Cima prefers to call the vaccine an "immune modulator" rather than a stimulator, and is cautiously proceeding to try using it with one patient who has lupus, a disorder usually associated with an overactive immune system.

Catapano often confers with patients at his dining room table, in a home which he worries "isn't impressionable enough for visitors." From early morning to late at night, telephone calls come from patients and physicians around the country, who have heard rumors of his successes and are seeking information. His essential reference books are several textbooks on immunology, a medical dictionary, and a 1938 tome on syphilis. For after treating ten AIDS patients, Catapano became convinced that whatever the role of human immunodeficiency virus (HIV, the so-called "AIDS virus") might be in the disease, the essential clinical problem in AIDS was in fact syphilis, its symptoms in many gay men grossly exaggerated by multiple exposure to the disease, the consequent depression of the immune system, and the misapplication of antibiotics and radiation.

"If Jesus Christ himself were to come down and tell me that this was a viral disease, I would have to say: 'Dear Lord, I respect you very much, but I cannot accept your opinion.'"

Catapano acknowledges that clinicians and researchers who assert that the disease is caused by a virus, even if convinced that the typhoid vaccine relieved its symptoms, would not grant that AIDS is syphilis.

"They will say that the typhoid vaccine 'inactivates' the virus," he says. "Let them. Many times in medicine we make something better without everyone agreeing what is causing the problem."

Continued on Page 6.





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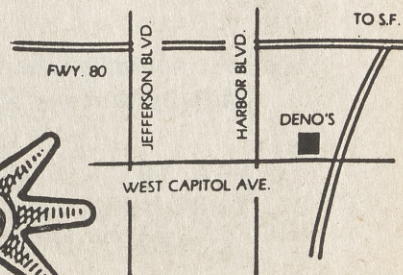
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The Catapano story covers half a century in the evolution of modern medicine and the complex impact that the introduction of antibiotics has had on its practice and effectiveness. To Catapano, nowhere is the ambiguity of antibiotics' benefits clearer than in the remarkable nationwide resurgence of syphilis, long discounted as curable, but which remains, he believes, undertreated and widely undiagnosed, a chronic scourge whose contribution to immuno-system-related diseases has yet to be fully understood.

Salvatore Catapano was born in Brooklyn in 1916. The next year, his family moved to Long Island. "My dad was a builder and believe it or not, he could have been an inventor," says Catapano. "He's the one who really discovered sods--you know, you put them on the ground, they're about a foot square, you don't have to wait for grass seeds to grow. Of course, no one thought about patenting in those days. My father was only 40 when he developed throat cancer and, my God, within 90 days he was gone. I was ten, about my grandson's age."

The youngest of four children, Catapano spent his boyhood staying close to the house and taking care of animals. Long Island was rural then, and the family raised dogs, pigeons, and chickens. "I fixed special foods when they got sick, and broke up aspirin for them," says Catapano. "All I thought about was being a doctor, though I knew the cost of school would make that impossible."

While in high school, Catapano got a job at a nearby hospital, cleaning test tubes in a lab. "As soon as I got near a hospital, I saw that it was the lab that fascinated me," he says. "I was so anxious to get there every day and see the different bugs under the microscope."

After graduation, Catapano went to work in a lab in Manhattan and attended the Paine Hall School of Medical Technology. The coursework included hematology, bacteriology, parasitology, urinalysis, blood chemistry, and serology, which at that time was primarily the study of venereal disease and the different tests for syphilis and gonorrhea. Much more so than medical students, technology students worked with body specimens: blood, feces, lymph tissue, urine.

"Immunology was a much bigger part of lab school than of medical school, although we didn't use the term 'immune system' as much as 'body defenses,'" says Catapano. "We paid attention to them because they affected how people responded on lab tests. Immunology and syphilology were considered first cousins, because venereal disease wasn't like other infections, say measles or mumps, where you built up strength once you were infected. Syphilis didn't build up body defenses, it weakened them, and the weakness was permanent, even though someone might be treated and no longer be infectious. I remember my serology teacher thumping his fist on the table saying, 'Once you get syphilis, you never get rid of it 100%.' There were things you knew to look for on lab tests that indicated untreated syphilis, like a lowered sperm count. But even when someone was treated for the disease, we knew they could still pass on a weakened immune system to their children."

At that time, medical technologists and doctors worked in tandem. There were no antibiotics and doctors couldn't make presumptive diagnoses, assuming a source of penicillin would take care of multiple problems. The diagnosis had to be more specific because the few drugs available were more specific, and lab reports were crucial.

"All the lab tests were done manually," Catapano recalls, "and so far as I am concerned, when there is an outbreak of anything, especially a mysterious outbreak, all the tests should still be done manually, because the littlest detail in the lab work of one or two patients can help solve the whole thing."

Catapano had his first real job at the Medical Chambers on Manhattan's Upper East Side, working with a diagnostician, a specialty which no longer exists. A patient who came in with, say, a pain in his abdomen would be examined and X-rayed by the diagnostician. Catapano would do the gastro-analysis, urinalysis, and blood analysis.

"We only took eight or nine patients a day," he says. "We stopped taking new patients at 3:30 and then went on until ten at night, discussing each case, rerunning tests, deciding to call back

Continued on Page 8.



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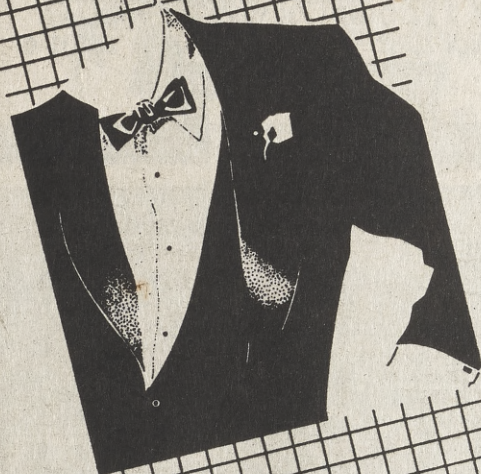
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certain patients to check on a hunch. By the time a patient was done, he had a diagnosis and could then choose the right doctor. You see, diagnosis was an art all by itself."

About a year later, Catapano took another position, running the labs at Parkway Hospital, near Harlem. The young technician watched operations in his spare time, asked endless questions of the surgeons, and eventually was enlisted to do frozen sections.

"The surgeon would take a piece of tissue from the patient. I'd freeze it and examine it under a microscope, so I could see if there were cancer cells or whatever type of infection they were going after, and how many," he says. "I did that for a few years, and I didn't like it too much, and I'll tell you why. I couldn't adjust to the differences in surgeons' attitudes. Say a surgeon was deciding whether to do a partial or radical mastectomy. I would do a biopsy, see five or six malignant cells per field of the microscope glass. The surgeon might say, 'Total!' and take the whole breast off. But in the next operating room, I would do a biopsy and see 15, 20 cancer cells per field—much more serious—but the doctor would just do a partial removal. I figured, how could there be such a wide variance of decisions? Sometimes I would take all the removed tissue from a medical procedure into a lab and examine it, and there was not such a widespread carcinoma. Why remove it and make the woman, let's face it, a freak of nature? I couldn't take the wholesale hysterectomies and mastectomies that were going on. All that cutting and cutting just couldn't be the answer."

In 1943, in the midst of the war, Catapano decided to enlist in the Navy. Venereal disease was a staggering problem for the armed forces, and the need for medical technologists was critical. Catapano was asked to report within a week. He was assigned to Brooklyn Naval Hospital where he was placed in charge of the serology and hematology labs and the morgue, which meant attending nearly every autopsy. Most of the lab work concerned venereal disease. In the serology lab it was routine to have 30 or 40 cases of gonorrhea a day, and 15 or 20 syphilis cases. Physicians taught Catapano how to do the smears for VD on the women in the dependency ward for sailors' wives.

"I saw many cases of syphilis among women pregnant with the second or third child, some of whose other kids had to have been infected congenitally," he says. "I knew that eventually—may God strike me dead—we were going to have trouble with syphilis. Penicillin was the band-new treatment that everybody thought would be the end of syphilis. Yet there were fellows who got as many as a dozen shots who kept coming back saying that the penicillin wasn't clearing it up. A lot of them had an especially stubborn-looking rash. Some of these sailors finally were admitted with terrible congestion in their lungs, and by the time they died, their bodies were covered with a rash. Still, I didn't give too much thought to those cases. They were exceptions. Most of the time, penicillin worked beautifully."

After six months at the hospital, Catapano was eager for reassignment. In conversation with the supervising pathologist, he half-jokingly threatened to go AWOL if he wasn't sent to sea. Within weeks, he received notice that he would be assigned to the U.S.S. Princeton and was put on a train headed for New Jersey.

"When we pulled in and I saw that university and all those big buildings, I thought, 'Where is the damn ship?'"

A truck brought him to the McCosh infirmary at Princeton, which was a major V-12 center, where enlistees received free education and officers returned for training. Catapano explained to a medical officer that a mistake had been made and that he was supposed to board the U.S.S. Princeton. The officer shrugged and replied, "You are on the U.S.S. Princeton. You are taking over the labs here."

"I couldn't sleep that night. I was so angry. I was ready to run," recalls Catapano. "Finally, about five in the morning, I said to myself, 'Don't be a crazy individual. Calm down. See if you can find a restaurant open. You eat some food and maybe it will dull your brain power down.' Sure enough, I got up and walked into town. The other other guy on the street was this little man, his gray hair blowing in the wind. His jacket didn't fit right. I thought, 'My God, look at the characters in this damn university.' When I

Continued on Page 10.



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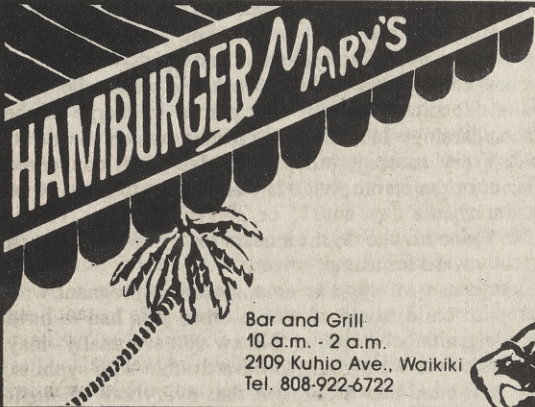
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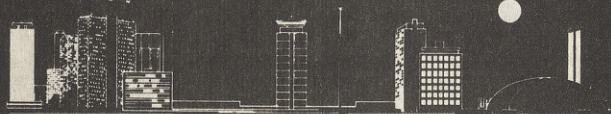
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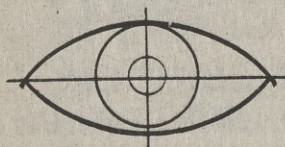
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got back, one of the senior medical officers asked me to breakfast and I said no thanks and told him about this guy I'd seen. He said, 'That's Albert Einstein.'

"When I heard that, it sort of calmed me down. I thought, 'Well, they will keep me here a month or so, maybe I can try and talk to this guy. It would be the height of my career to just shake his hand.' Well, I'd see him in the restaurant and one day, his napkin fell on the floor. I almost broke the table picking it up. When he saw my Navy uniform, he asked what I did. I told him that I ran the medical labs at the infirmary. He said, 'That must be interesting.' I said, 'It is in a way, Doc, but let me just say one thing. You are not part of the Navy so I'm gonna talk to you. You know, Doc, excuse me for using this language, but I am pissed off about what happened to me.'

"By my doing that, the whole conversation started to roll--by my explaining how lousy I felt and what they did to me. He said, 'Let me tell you something, Sammy'--I don't know why, but he called me Sammy--'These are uncertain times and we all have to put up with things.' After that, we'd see each other at the restaurant sometimes, sit and have coffee together, and not say much. I would think to myself, 'Jesus Christmas, this guy doesn't talk much. He doesn't associate too well. He has preoccupations.'"

Catapano worked six days a week, doing some 500 venal punctures, and eventually became known simply as "Needles." He tested thousands of men for venereal disease, but one incident haunts Catapano still. A lieutenant commander who had come to Princeton for retraining underwent the standard medical exam, including a serological work-up. His Wassermann had become negative. No one had told him to get tested a year after treatment.

"I went ahead and tested his wife and three little girls," recalls Catapano. "They were all strongly positive. I wondered how many thousands of families there were who were just like this--everybody fine, never guessing that everybody in the family is infected. This was syphilis," he says.

Not all of the work at Princeton concerned Wassermans and soldiers. A section of the infirmary was reserved for civilians. One afternoon, Catapano was asked to do a blood count on a patient and discovered it was Einstein. While Einstein was in the clinic, he overheard Catapano complaining that a doctor had asked him to do an old-fashioned urinalysis test which had only a 40% accuracy rate. Einstein invited Catapano to visit his lab, where he would show him how to mathematically correct for the kind of error in the test.

"I figured, 'Let me go,' says Catapano. 'It can only add to my head a little something, expand it a little.' So one Saturday I went up to his lab.

"Well, let me tell you, Dr. Einstein had a blackboard that would have gone from my living room to the dining room, with figures winding up, narrowing down, winding up, narrowing down--beautiful--all numbers, equations. I said, 'Doc, I think the world of you. You're a genius, but I never studied any of this.' He said, 'Knowledge is what you remember when you forget what you learned in books.' I never forgot that; I wrote it down on a little card, which I still carry with me everywhere. He showed me how, by changing around a few equations in the test instructions, you could hike the accuracy to 70%."

Princeton was his home for a year before Catapano received orders to go overseas on the U.S.S. Roshanbeau, departing from San Francisco, a troop transport which was to carry 3000 men and be converted into a hospital on the return voyage. It had three operating rooms, a lab, and a pharmacy.

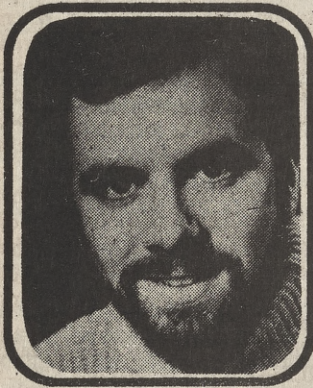
The ship went to Puerto Rico, New Guinea, the Marshall Islands, Sai Pan, Guam, the Philippines, and Hawaii. He worked in the lab and clinic and sometimes in the pharmacy, preparing drugs. Several afternoons a week, he followed doctors on rounds and occasionally gave penicillin shots to the sailors.

Catapano's chief on-board duty was testing for syphilis. There were two blood tests. The Kahn presumptive test was a simple, one-test-tube test. In doubtful cases, confirmation was obtained with the Kahn Standard Precipitation Test; serum was placed in three different test tubes, which contained three different amounts of antigen. Catapano soon noticed that the serum of some



# THE NEXT WAVE

by Douglas N. Lewis



There are certain experiences that you have in your life, experiences that rock the very foundation of your existence. That shake loose all the pent-up and unused emotions lying dormant in your heart. And when this happens to you, you are never the same afterwards. A searing symbol of growth has been

burned into your consciousness and how you look at yourself and the world is forever altered. This happened to me a couple of months ago.

On June 22 and 23, the NAMES Project came to New York. For those of you who don't know of the NAMES Project, or for those of you who know it as the AIDS QUILT, it is just that--a work of art in fabric; a testament to the lives and deaths of men, women, and children who have died of AIDS sculpted in cloth; a patchwork of love and loss, of grief and hope. It is an attempt to remember and honor those who have touched our lives and who are now gone--a symbol of destruction and renewal for the whole world to see.

It is impossible, I think, to view this Quilt and come away unaffected, unmoved. The sheer size rocks the sensibilities. As I walked through Pier 94 in Manhattan, a huge space that was not even big enough for the full Quilt, I read the epitaphs of those who have passed on. I became so overwhelmed that I didn't think I could go on. There was such a stinging flood rising up from my heart and behind my eyes, I thought that I would explode with grief. I stepped out from behind a panel that was hung vertically to see how much more there was, and I shockingly realized that I hadn't even made it through a tenth of the project. It was staggering. And the Quilt is growing in size, still only memorializing less than a third of those who have died from this disease. Just when I thought that I had to stop, a feeling of pride and purpose came over me--I had to read each and every name in that building--I owed it to those who are gone, and those who worked so hard to preserve their memory. I couldn't leave there until I had acknowledged the people behind the statistics. It wasn't easy. But then dedication rarely is. I thought to myself that I guess this is what growing up is all about. Or is this growing old? There's a fine line between growing up and growing old, and as I stopped at

each quilt and read the name and saw the picture of a person who has died of AIDS, I felt older and older. When I finished the exhibit, I must have been 300 years old. I could hardly walk. Every time I tried to speak to my friend who accompanied me on this pilgrimage, the words were choked off in my throat, the tears welled and would not be stopped.

There was the quilt for the 4-year-old girl whose pretty pink, frilly Sunday dress was sewn into the cloth. There was the one that, paraphrased, said: "With all the resources and compassion of this great country, please don't let me die of red tape." And yet his quilt was there. There were the ones for celebrities like Rock Hudson, Liberace, Willi Smith, and Michael Bennett. There was one that said the makers were not allowed to put the name of their brother on the quilt because their parents didn't want the world to know he died of AIDS. There was a long epitaph from a wife who mourned the death of her bi-sexual husband who, she knew, was sexually promiscuous with men and even had long-term male lovers. She wrote that he was always faithful to her and their three children regardless of his trysts, explaining that their relationship was unconventional, but very and fully loving. She said her situation was not unique.

The ones that got to me most were the quilts with stuffed animals sewed onto their fabrics. You just knew that these pieces of stuffed cloth brought some solace to countless AIDS sufferers in hospitals all across the country. And most tragically, how many of them died holding a teddy bear because there was no human being to comfort them? The stories go on and on.

Though the experience was devastating, though my heart was broken in so many pieces that I don't know if I can ever gather them all together into one heart again, though I left the NAMES Project with a heavy exhaustion I have never known before, and though the pain of reading loved one's goodbyes quilt after quilt seeped into my bones and stung like fire--I ask you to see this symbol of hope and loss. Whatever it takes, whatever it is--go see it! It's important in ways that I could never express here. It will be in Washington at the end of its tour, October 8 and 9, for a "...national day of mourning, remembrance and hope. ...It will nearly cover the National Mall, from the base of the Washington Monument to the lawn of the U.S. Capitol." Go and be a part of all those who mourn and celebrate the lives of those who have passed on. It will change you I'm sure, as it has changed me.



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of the men, even after penicillin treatment had completely mitigated their symptoms, would still show "faintly positive" in the third test tube on the Kahn precipitation test.

"When you pointed this out to most medical officers, they would say, 'Oh, the penicillin will mop up the rest of it in a few weeks.'" he recalls. "That was the general attitude, and usually men were not told to get retested in a year or two. People were convinced that penicillin meant a 100% cure, but the tests kept showing that that was not always true."

Catapano also observed that many men who were contracting syphilis in the islands developed distinctive symptoms. Their rashes were redder. Sometimes they got blister-like sores on their feet and necks. Penicillin appeared to be effective, but treatment took longer and extra penicillin was required. The clinical picture reminded Catapano of some of the sailors he had seen in the Brooklyn Naval Hospital.

"Now, I was the type of individual who liked to know more," he says.

At the base hospital in New Guinea, he tested natives who were covered with the blister-like lesions but who had never been treated. The majority of the men and women never tested positive on the Kahn presumptive test, the way a soldier would who had stateside syphilis symptoms. Only sometimes on the Kahn precipitation test, their serum samples would test very faintly positive in the third tube. This tropical syphilis, known as yaws, seemed more elusive.

Whether the trouble was yaws or conventional syphilis, the disease was a major problem on a ship.

"Sometimes we would pull into port and have men who weren't in remission yet, who were supposed to go meet their wives," says Catapano. "We had to keep them on board until they were in remission. Who was to decide what remission was? Many of the doctors were 90-day wonders. For every guy who got quarantined, how many got off the ship who weren't in remission yet or who didn't even know they were infected? Sometimes I would stand right at the railing when we pulled in and think, 'Thousands of guys coming back from foreign ports to start families. Where is this all going to go?'"

The U.S.S. Roshanbeau was decommissioned in 1945 at Staten Island. Catapano arrived home to discover that his older brother had died of pancreatic cancer and his sister was dying of cancer of the cervix. He resolved to conduct some cancer research when he had enough time and money.

For a year, he ran a hematology lab for the United States Public Health Service at Sheepshead Bay. He married and opened a bridal shop with his wife in Lynwood. At night he read, went to the library, and studied about cancer. By 1962, the business was thriving and Catapano fixed up part of the basement as a lab.

"I spent about \$15,000 on equipment, quite a bit of money in those days," he says. "I thought, 'Jeez, this is going to be great.'"

Catapano purchased 15 or 20 hamsters at a time, after giving up efforts to mate them and start a colony. For his experiments, he induced tumors in the hamsters by injecting them with steroids.

"Nobody was having great results with chemotherapy then and I thought, 'Well, you know, maybe I should combine two chemotherapeutic drugs and between the two they'll wipe up the tumors.' It just killed off the hamsters faster. 'Oh these poor little sons of guns,' I thought. 'I try this or that, they die anyway. What the hell's this all about? I need another approach.' So I just stood quiet for a month or two, thinking and reading. One night I was in the basement, reading one of my lab books, and I noticed the bookmark, which was the card on which I had written what Dr. Einstein had told me. And I said to myself, 'That guy was 20 years ago trying to tell you something. It's not in the books.'"

"So I started thinking a different way. If certain people are getting cancer, there has to be some part of the body that is weak. I thought it might have to do with your own body defenses, and that's where I got the idea of immunotherapy. If we could just inject something in someone and raise their immune system, maybe we could beat the part that was weak."

Catapano fastened on the concept of vaccines, reasoning that

Continued on Page 14.





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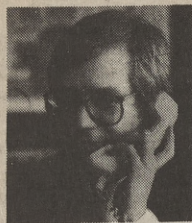
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if they were used previously against certain diseases, perhaps they could be used to stimulate the immune system in a more general way. Pursuing his notion more scientifically, he learned of a class of organisms, called gram-negative organisms, which elicit an immune response. There were, however, long lists of them and he concluded he could do no more than experiment with a number of them chosen at random.

He began testing vaccines on the hamsters to see if they affected the tumors. The vaccines for diphtheria, typhus, pneumococci, polio, and smallpox. When certain vaccines were unavailable, Catapano made his own. It took months to research each one. Vaccines were very expensive, and because Catapano was not a physician, he had to find a pharmacist who would sell them to him at "black market" values. On occasion, he paid as much as a hundred dollars for a vial of diphtheria vaccine which ordinarily would sell for \$18.

"Every day I would go help in the bridal shop for a while, come home, we'd eat, then--bing!--down the basement," he says. "I would be down there sometimes until four o'clock in the morning. I'll never forget the hamsters. You can't imagine the cooperation they were. The first two dozen or so, God bless them, they had miserable lives. I had to malnourish them a little in order to study their immune response to the different vaccines. All these years later, I can't even look at my grandson's hamster."

The hamsters usually died from the toxic effects of live vaccines, such as diphtheria and typhus. After several years, Catapano grew convinced that even though some of the vaccines had minor immunostimulating effects, they worked only against the organism from which they were derived. Still, he persisted, experimenting even with vaccines as specific as the one for yellow fever. He would inject the hamsters and then each day check the nodes, weigh the creatures, take their temperature, test their blood, check their alertness, appetite, and sleep patterns, and look at their eyes.

"People don't realize how much the eyes of lab animals can tell you," he says. "Anyway, month after month, year after year, I went through the list of organisms and vaccines and eliminated them, one by one. Let's be honest. It was dull."

Nine years passed before Catapano took up work with the typhoid vaccine, but from the first experiment, he says, "I knew I was on to something big. I injected a hamster with about two ccs. of the vaccine. He jumped up and down, up and down, and--bing!--he was dead. The immune stimulation was absolutely tremendous, but the dose had been too high."

The typhoid vaccine is not toxic, but if administered in excessive amounts, it can produce a tremor effect. So the next time, Catapano started with doses as small as .2 ccs and .4 ccs and worked up to .8 ccs.

"Even at .8 ccs, I would see a tremor," he says. "I thought, 'These poor animals can't take .8 ccs. Catapano, don't lose your hamsters.' After 15 experiments, he observed that he got better effects when administering small doses at two or three intervals, rather than a single large dose.

Six months of work with the vaccine culminated in a definitive experiment. Catapano injected four hamsters with steroid. A node came out on each of them 36 hours later. Then he gave two of them the vaccine in tiny amounts: .3 ccs and then, 30 minutes later, .2 ccs. Two other hamsters he injected with a single dose of .75 ccs. The nodes on the last two went down very rapidly, but the animals died quickly. The hamsters that had received the miniscule doses thrived. Their nodes gradually got softer and smaller, until they became indiscernible.

"I thought, 'Where the hell are those tumors?' Catapano recalls. "After a week or so, I cut the hamsters open. The tumors were completely gone. Completely. I thought, 'Gee, isn't that nice?' It was 2:30 in the morning. Even though the basement was a dingy place, it seemed to me--how can I say this?--all bright. After all those years, to find what I'd been looking for."

For weeks, Catapano repeated the experiment and then conducted in reverse: He inoculated some hamsters with infinitesimal doses of typhoid vaccine at 30-minute intervals and then, two weeks later, injected them with steroid. No tumors would grow. He searched medical libraries for everything he could find about



the typhoid vaccine and learned that, prior to the introduction of penicillin, the vaccine, like malaria, had been used to induce therapeutic fevers in the treatment of a number of diseases, including syphilis. Both agents were injected to induce extremely high temperatures--104 degrees and above--in order to kill off the syphilitic organisms. Such fever therapy was considered indispensable, although it was only erratically effective.

The more patients Catapano saw, the more accurate he became in choosing dosage. With too much vaccine, one might overshoot and get no results at all. Too little vaccine desensitized the patient to the treatment. Last summer, when he had complete data from 12 patients, Catapano filed the records with the Patent Office. The examiners requested more detailed accounts of blood work. Photographs of patients' symptoms before and after treatment were also submitted. On December 5, 1987, the patent was granted.

Catapano can return a patient's serologic profile to normal range in about six months and sometimes even more quickly. He is less interested in a patient's T-cell count, which he finds an "unreliable" indicator of immune status, than in the complete blood count, including the red cell count, hemoglobin, platelet count, etc. In particular, he focuses on the differential count, a tally of the different types of leucocytes, or white blood cells, which as a class are the body's defense mechanism. The differential count is a traditional test for assessing the status of the immune system.

Of key importance is the ratio between two types of white blood cells: the neutrophils, which normally constitute between 60% and 70% of the total, and lymphocytes, which usually constitute between 25% and 30% of the total. A significant decrease in lymphocytes and corresponding rise in neutrophils is termed "a shift to the left" in favor of infection. In each of Catapano's patients, following treatment, the percentage of neutrophils dropped and lymphocytes rose. That increase is crucial, Catapano believes, because lymphocytes are the chief killer cells in the immune system. (As an example, Teddy, the first patient, had a neutrophil count of 72 and a lymphocyte count of 22 prior to typhoid vaccine treatment. After eight weeks of injections, his neutrophil count was 54 and his lymphocyte count was 42.)

One clinical phenomenon was clear to Catapano after treating several dozen patients: The fewer antibiotics someone had taken, the better they did with the typhoid vaccine. In fact, it seemed to Catapano that some of the worst symptoms people associate with AIDS were actually the results of drugs and radiation. Moreover, the antibiotics had usually been given not to treat an infection but prophylactically, to prevent opportunistic infections.

"This seemed crazy, to give immunosuppressed patients antibiotics as though they could handle them like a normal person would," says Catapano. "Even the diarrhea that is associated with AIDS--in most of the cases I saw, the patients had diarrhea because they'd been given so many antibiotics that there was no bacteria left in the colon.

"There has been so much presumptive diagnosis with these patients. The attitude seems to be that if someone has AIDS and gets a splinter, the splinter has to be AIDS-related," he says.

One patient came to him last year who had Klebsiella pneumonia. Yet because he had AIDS, a doctor had made a presumptive diagnosis of tuberculosis. TB and AIDS are highly associated, and the patient nearly died from the potent TB medication he was given. Catapano was able to resolve the pneumonia with a simple course of tetracycline.

"If patients complain of headaches or dizziness or visual blurring, right away, many of them are told they have toxoplasmosis or cytomegalovirus," says Catapano. "It is easy to mistake the ocular lesions of secondary syphilis for those of toxoplasmosis. And the lesions of cytomegalovirus can be induced just by administering immunosuppressive drugs, which these AIDS patients are given freely.

"I've treated over 200 patients and it is my bone of contention that when one of them hasn't taken too many drugs, what I see is syphilis, syphilis, syphilis. But too many antibiotics louse up the clinical picture and confuse the pertinent information doctors could obtain from the body."

Occasionally Catapano has refused patients, or discontinued treatment of patients, who take strong drugs--AZT especially--which he believes will terminate the effectiveness of the vaccine treatment.

Ideally, of course, Catapano prefers that a person begin the vaccine treatment as soon as he knew he has been infected. (Catapano regards HIV seropositivity as a marker for severe immune suppression, induced in this case by syphilis.)

Gerald is a 27-year-old man who came to Catapano in July 1987, having recently tested positive for antibodies to HIV. He complained of extreme chronic fatigue and lymphadenopathy. He had a very low lymphocyte count, as well as low hemoglobin, low red cell count, etc. After two months of treatments, the lymphadenopathy was gone and the blood work markedly improved. The fatigue remained a problem. In May 1988, he had three injections of 2.4 million units of benzathine penicillin. By June, the fatigue was gone and the blood profile normal. The treatment was complete.

Another patient, Roger, came to Catapano in May 1987, still in fairly good health. His only complaints were of diarrhea, fatigue, and weight loss. Several months after beginning the typhoid vaccine treatment, Roger had a mild bout of PCP, which lasted only about a week and which resolved after a week of Bactrin, a standard antibiotic. After two more months of typhoid vaccine injections, Roger gained 26 pounds and felt dramatically better. The diarrhea had ended. Treatment was completed in May 1988, after four injections of 2.4 million units of benzathine penicillin.

In cases where patients have gone on to AIDS and had active, advanced, or complicated disease, Catapano sometimes follows the penicillin with a dose of an even more powerful antibiotic. Then treatment is finished.

No death has been associated with typhoid vaccine therapy, Cima has only had to sign one death certificate--for a young AIDS patient who chose to stop eating once he was admitted to the hospital. Because Catapano believes that syphilis is the core of AIDS, he warns that even once he has brought a patient into complete remission, reinfection with syphilis can undo the gain.

Not all AIDS patients test positive on the standard syphilis tests, but research by Dr. Edmund Tramont at Walter Reed Hospital and other investigators has established that the tests aren't always reliable when someone is immune suppressed. Many of the AIDS patients Catapano has seen will admit to having had gonorrhea more than five times, but claim to never have had syphilis.

"They know they've gotten gonorrhea because they get a painful infection," he says. "With syphilis, they may not see anything or feel any discomfort.

"Today people think syphilis transmission requires a chancre [a sore, usually genital, contact with which is associated with the transmission of treponemes and consequent infection with primary syphilis]. We knew 50 years ago, and everybody seems to have forgotten: The blood and semen of syphilitics are infectious even without treponemes. If there was no treponema pallidum in nature, there would be no syphilis, but that doesn't mean that every case of syphilis involves transmission of treponemes. With oral and anal sex, a person can contract syphilis without a chancre, or through a chancre in places that aren't obvious. Who thinks to look for chancres on tonsils? It is still true that when someone contracts syphilis through contact with a chancre, you can get them into remission with penicillin in a few weeks. But when someone contracts it through blood or semen, and gets onto secondary syphilis or tertiary syphilis without their knowledge, then you have to build up the immune system first before they can be treated. Period."

When Catapano asserts that syphilis produces AIDS, he is often accused of oversimplifying the problem. He replies that there is nothing simple about syphilis as it exists today, that it is in fact a catastrophic illness--a communicable disease which tests may not detect accurately, which can be contracted unknowingly or congenitally, trigger dozens of grave diseases, and which may never be cured



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completely. Catapano is fond of paraphrasing one of his heroes, the French syphilologist Fournier, who said that any patient treated for syphilis should be followed for two years and told to come back in 25.

In Catapano's view of the nation's health, AIDS is just the tip of the iceberg.

"What we are seeing is an epidemic of immune suppression," he says. "We are not a race of bluebloods any more. Underlying everything is what people are calling chronic fatigue, but that covers everything from people who feel sleepy all the time and have swollen lymph glands to AIDS. The first symptoms many AIDS patients have--the swollen lymph glands, the night sweats, the exhaustion--is what links them to chronic fatigue patients. What makes them different is the history of syphilis."

It is not only that tropical syphilis may have been introduced here, Catapano believes, but that traditional syphilis is rampant in a generation of immunosuppressed people. The era of antibiotics has included three wars which took men all over the world. Soldiers came back infected and were not always treated or treated adequately. The government, thinking penicillin was a cure-all, became lax in testing newborns and young couples applying for marriage licenses. It was the 1960s and the "pill," however, which Catapano believes ensured the subsequent explosion of venereal disease.

"After the '60s, you can just forget it," he says. "People take antibiotics for every little pimple, that can mask symptoms of syphilis and then make it impossible to detect on serologic tests. Even an aspirin or beer 24 hours before taking a VDRL [the standard screening test for syphilis] can give you a false negative response."

Catapano believes that physicians, epidemiologists, and public health officials are operating in the dark with this disease. It is not known how much cancer, Alzheimer's, arthritis, chronic mononucleosis, heart disease, congenital birth defects, infertility, schizophrenia, or neurological disorders of all kinds, may be the result of syphilitic immune suppression.

"And we won't know until there is a new generation of syphilologists looking at these problems," says Catapano. "We have infectious disease specialists who study syphilis, but as only one of hundreds of diseases they study. You can't learn about syphilis just from books. You need years and years of experience with it, seeing hundreds if not thousands of cases."

Catapano is adamant that the government should take one step: The tests to detect syphilis must be reviewed and re-evaluated.

"It may be that the best tests we ever had are tests that were abandoned because they were too time-consuming," he says. "We don't know, but we have to find out. We are in the middle of the worst pandemic this country has ever had, and we're nowhere near the peak. We have a helluva big thing on our hands, and I feel very sorry for my grandson and all young people."

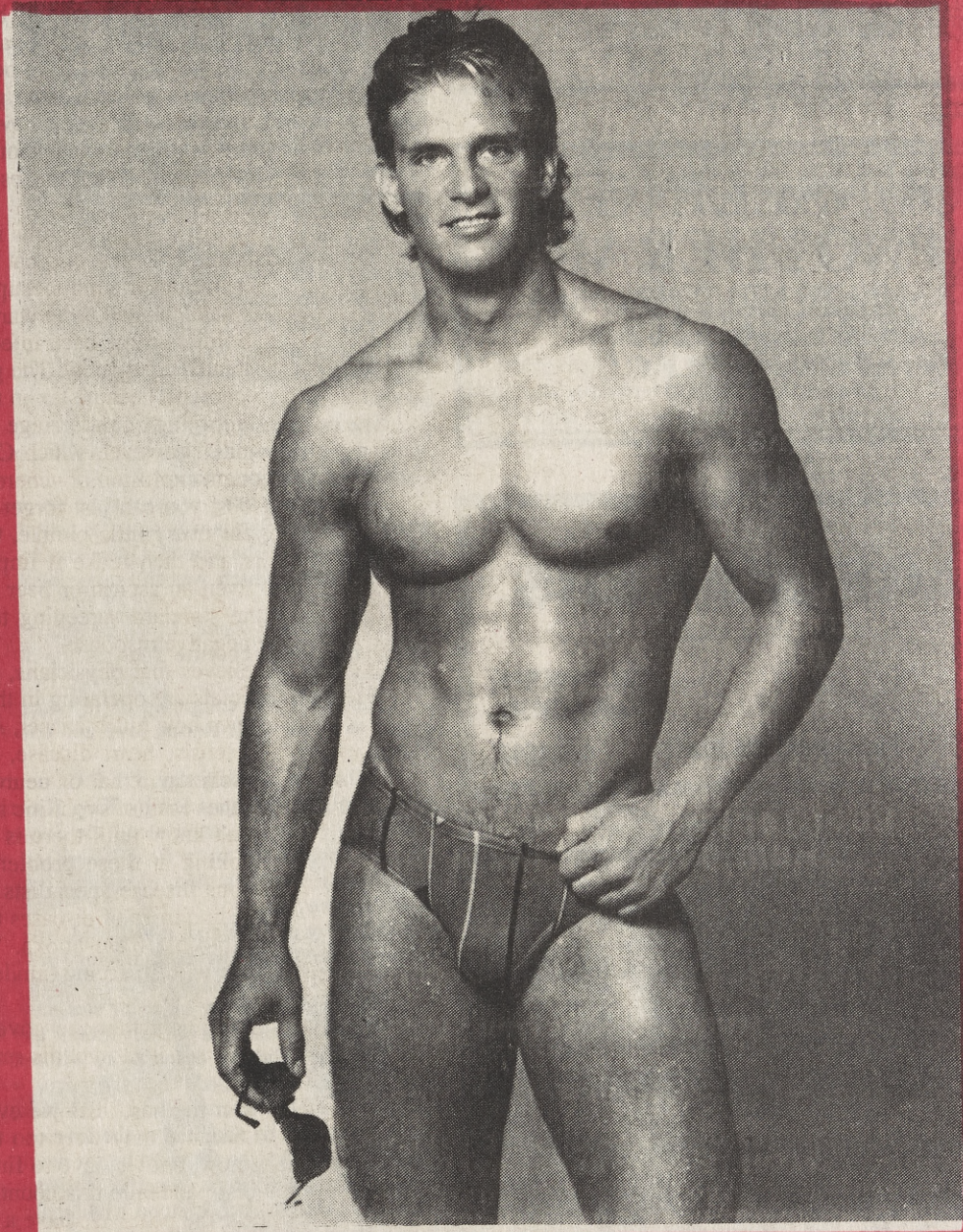
Catapano has little doubt that a regimen of typhoid vaccine followed by an antibiotic will become a central feature of treatment for many immune-related diseases in the next decade. In any case, the typhoid vaccine is a fascinating wild card in the future of medicine. Should time bear out his theories, Catapano's contribution will rank with Salk's and Pasteur's.

[Persons who want more information about the Catapano therapy may obtain a packet of information by writing Mr. Michael Smith, Patient Advocate Network, 279 Collingwood, San Francisco, CA 94114. Please enclose \$3 to help cover production and mailing costs of the packet which will be sent out immediately.]



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## GAY HISTORY

by Terry Boughner, Ph.D.

### Part V

In previous chapters, I have concentrated on biographies of gay men and women. But, given the on-going debate over whether or not gays belong in the military, I would like to change the format a bit and tell the story of the Sacred Band.

In 404 B.C., the 30-year struggle between the Greek city states of Athens and Sparta known as the Peloponnesian War was finally at an end. Athens lay in defeat while Sparta saddled the land with highhanded brutality that brought her the hatred of all Greece. The Spartans established garrisons, abolished democracy, ruled through puppets and took of the people's wealth what they would.

Tiny Thebes, a city to the north of Athens and a former Athenian ally in the war, was occupied like the others. But, according to the Roman author, Plutarch, there were two young men there who were determined to restore freedom to their city. As Plutarch tells it, their names were Epaminondas and Pelopides and, with they ease of ancient writers in such matters, he says that they were lovers.

The two young men laid their plans, gathered supporters, of which there was no lack, and in 378 B.C., kicked the Spartans out. Thebes was free once more.

But freedom once won must be secured. No one was under any illusion that Sparta was going to take this affront to her power with good grace. The Spartans were sure to be back, bringing with them the army which was the most feared fighting machine in Greece.

To meet this threat, Epaminondas constructed the "Sacred Band," called that because Plato had said that love between two men was sacred.

The Band was composed of 150 couples. Each pair was required to swear their eternal love and commitment before all of Thebes.

In the heat of a July day, 371 B.C., on the battlefield of Leuctra, the mighty Spartans led by King Kleombrotos met the Thebans. In the Theban center stood the Sacred Band. The Spartans advanced across the dusty field. The Band watched and then began to move, slowly at first, then faster until they crashed into the enemy as one man.

The fury of the Band, it was said, was terrible to behold. 150 pairs of lovers, each man seeking glory in the eyes of his beloved.

When it was over, the Spartan King Kleombrotos lay dead upon the field, his army killed or scattered. Thebes was securely free, and all because of a military unit of gay men.

The Band did not come away without losses. Plutarch says that 22 pairs were killed. However, they were quickly replaced. "Members of the Sacred Band," Pelopidas is reported to have ruled, "must not be addicted to the love or us of women but only to each other." And so it would be for nearly 30 years as the Band made of Thebes the most powerful city-state in all Greece.

Yet, even as Thebes stood triumphant, the seeds of destruction were there. One of the states that Thebes dominated was Macedonia. To assure Sparta's good behavior, Thebes demanded hostages and one of these was the 14-year-old Phillip who would, one day, be king of Macedon and father of Alexander the Great. During his stay in Thebes, Phillip got to know Epaminondas and Pelopides well and through them, it was said, he came to understand the Sacred Band.

Phillip had dreams of empire to be built of the ruins of Persia. When he returned home to Macedon, he set about to accomplish that ambition. He amassed gold, built an army and around his son, Alexander and Alexander's lover, Haephestion, Phillip created the "Cavalry of Companions" which was modeled on the Sacred Band of Thebes.

Phillip's plans were seen as threats by Thebes and many other Greek cities. For his part, Phillip realized that he could not occupy

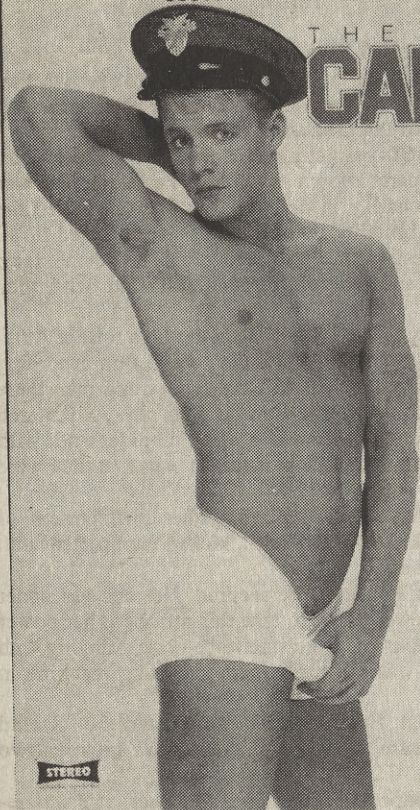
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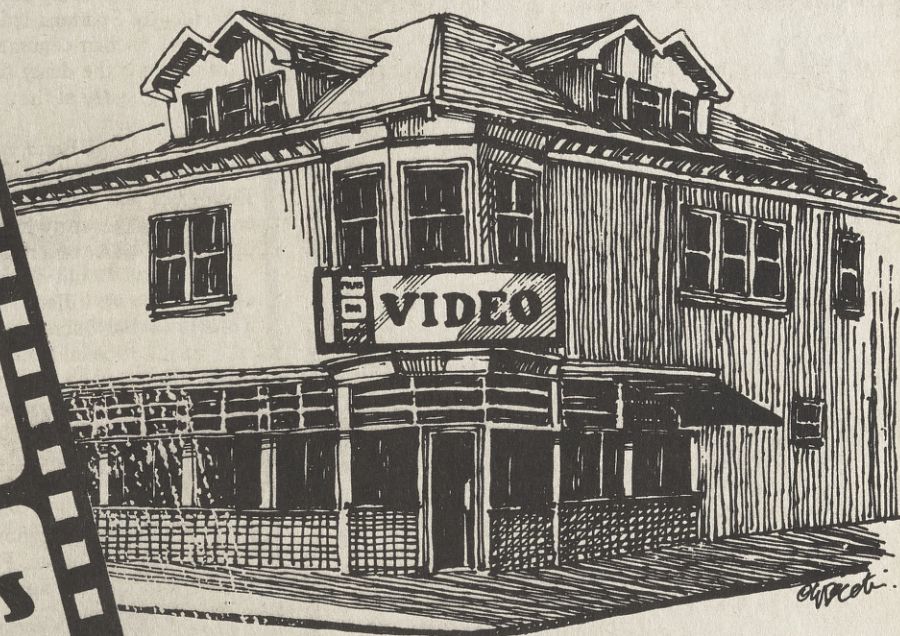
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Asia if his rear was not secure. Therefore, before Persia, there must be war with Thebes, Athens, and their allies.

In 338 B.C. Phillip, leading the Macedonian army, marched south. His force was large, some say 30,000. Thebes could not field about half that number.

July's heat made the air above the Plain of Chaeronea shimmer as the two sides faced each other. While both Thebans and Macedonians knew that the battle would be fierce, both sides also knew that the real contest would be between the Sacred Band and the Cavalry of Companions commanded by Alexander and Haeph-estion.

Thus it came to pass for the only time in history, a band of gay lovers faced another band of gay lovers in a battle from which there could be no retreat and no surrender. The shape of the modern world depended on the outcome.

Throughout the day, the fighting raged with the most furious struggle taking place on the right between the Band and the Companions.

In the end, the outcome was decided by two factors, one of which was certainly the genius of Alexander and the other, the superior weaponry that Phillip had bought.

In the face of these two things, the Sacred Band was pushed back. After grouping and regrouping, finally, the Sacred Band held its last stand upon a small hill where, as evening came, they were slaughtered to a man.

When Phillip arrived on the scene, he looked out over the carnage and wept openly. "Perish any man," he said, "who says that these men did or suffered anything that was base." Then he ordered that they be accorded the honors of war and be buried where they had fallen, in pairs as they had lived.

Today on that hill where the Sacred Band fought and died and lie together in their graves, there sits a marble lion, proud, sitting tall with bared teeth and a defiant cast to its eyes. At some little distance, there is a half circle of cypress trees planted in even numbers.

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### Burnt Cream

- 1 pint heavy cream (whipped)
- 4 egg yolks
- 1/4 cup sugar
- 1 tsp vanilla extract

Heat cream--low heat until it bubbles from around the edge. Beat yolks and sugar at high speed till thick like mayonnaise. Beat cream into egg-yolk mixture. Stir in vanilla. Fill five custard cups and place in 1/2 inch water. Bake for 45 minutes at 350 degrees.

Take out and let cool. Just before serving, sprinkle 1/4 teaspoon of sugar over each cream. Place under broiler to caramelize the sugar. Serve immediately.

### Italian Fried Cream

- 1 quart heavy whipping cream
- 2 2/3 cups Half & Half
- 11 oz. sugar
- 1 tbsp vanilla
- 1/6 tsp cinnamon
- pinch of nutmeg

Dissolve all dry ingredients in milk products. Place on medium heat.

- 8 egg yolks
- 3 whole eggs

Whip eggs, then add to above, stirring continually. When cream comes to a boil, turn heat off. Thicken with a flour roux. (Roux=1 cup clarified butter & 1 cup flour)

Then pour into glass or stainless-steel pan. Chill for 2 to 3 hours. Cut into squares 3" x 1".

Egg wash=2 eggs & 1 cup milk

Take one square. Dip in flour, then egg wash and roll in bread crumbs. Fry on both sides till golden brown. Place on a plate and top with a jubilee sauce.



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### HRCF ENDORSES CHAFEE FOR RE-ELECTION

The Human Rights Campaign Fund (HRCF), the national political action committee (PAC) of the lesbian and gay community, has endorsed Senator John Chafee (R-RI) for re-election. The PAC will give the maximum allowable contribution, \$5000, to the senator.

Chafee, who is running for his third term, is one of ten co-sponsors of the Lesbian and Gay Civil Rights Bill (S. 464), currently pending in the US Senate. Only one other Republican, Lowell Weicker of Connecticut, is a co-sponsor of the bill.

Gay and AIDS activists acknowledge Chafee's progressive voting record on AIDS in the Senate. He has voted against the homophobic amendment by Jesse Helms (R-NC) to restrict federal AIDS prevention efforts. Most recently, Chafee was one of 15 senators to vote against the Gordon Humphrey (R-NH) Appropriations bill amendment prohibiting federal funds for education programs that describe homosexuality as "normal," "natural," or "healthy."

"We have a strong friend in John Chafee," said HRCF political director Eric Rosenthal. "He has been a leader in the Senate for us with an excellent record on our issues."

Chafee's influential position as chairman of the Senate Republican Conference makes him an especially key ally on Capitol Hill, added Rosenthal.

"It is critical for us to support Republicans willing to stand up for us in Congress," explained Rosenthal. "Their back helps make our issues easier for other members of Congress to support, both Democrats and Republicans."

The HRCF is the ninth largest independent PAC in the nation. It lobbies Congress for responsible federal policy on AIDS and lesbian and gay civil rights legislation. It also contributes to incumbents and candidates for federal office who support those issues.

### FAUX PAS

by Ed E. Kett

Dear Edwards,

So there I am, at work or something, and I meet up with one of my gay friends, and he's brought along a couple of his friends whom I've never seen before. Eventually, being no dummy me, it dawns on me that those friends are straight. How, discreetly, of course, (I try to be a gentleman at all times) do I determine whether or not these straight people know about their friend's gayness and/or about mine? Just wondering how you'd handle it.

Yours, Millard

Dear Millard,

*It's always best to play it straight when first meeting someone new unless you're so out of the closet that even a blind man would realize you're gay. Many straight people won't be able to figure you out anyway unless they already know what you're like, but if they don't pay your rent, you've got nothing to worry about.*

Dear Edwards,

There aren't that many gay haunts in this hick town I'm stuck in right now, but I seem to know most of the regulars in all of them. Still, some of these guys just rub me the wrong way, especially the artsy, pansy types who swish around putting on airs, the ones who wouldn't know a real man if he came up and kissed them on the lips.

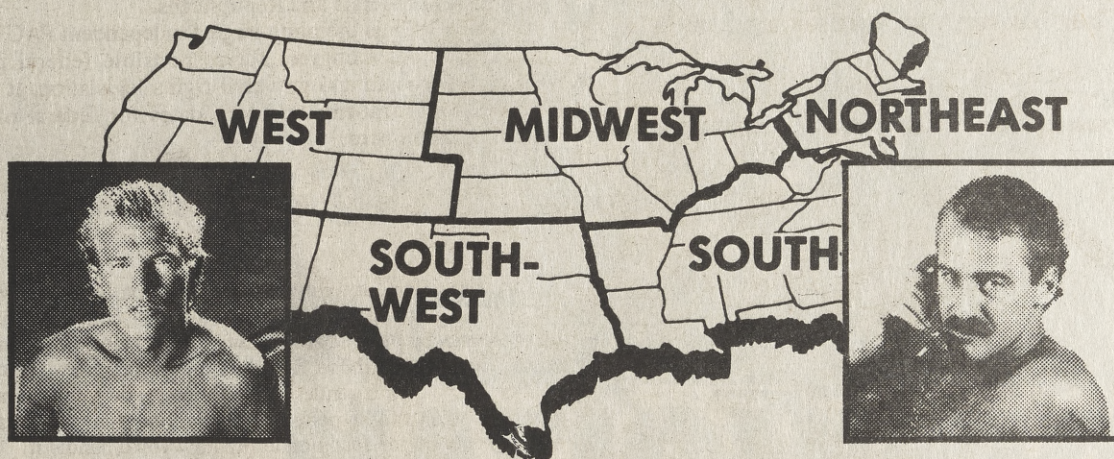
I usually try to snub these wimps so they won't get the wrong ideas about me. It never fails, though. Whenever one of my barfly buddies, who supposedly has a few brain cells in his head, wants to introduce me to his newest flame, it turns out to be one of these limp-wristed types.

How do I deal with this type of situation? These guys make my skin crawl, but I'm supposed to get along with them at least for a little while because they're friends of my friends. Do tell, please.

Yours, Scotty

Dear Scotty,: A gentleman would grin and bear it.





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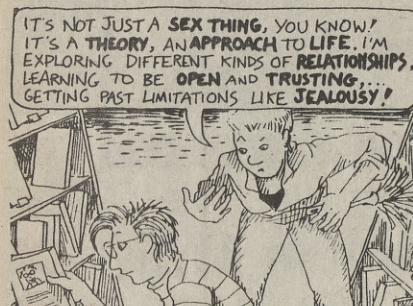
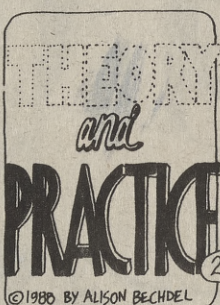
## Dykes to Watch Out For

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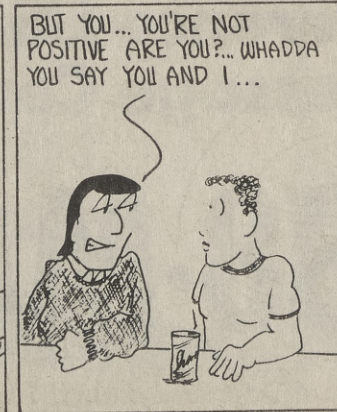
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PATLAR, September 1988, Page 25



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by Pat Larr, Sci.D.

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**Libra** (Sep 23-Oct 22): Don't let that special someone's continued tardiness get to you. Remember, he who comes last comes best.

**Scorpio** (Oct 23-Nov 22): You're drawn to a mysterious stranger who's strangely drawn to you. Feel free to feel freely.

**Sagittarius** (Nov 23-Dec 24): You're tempted to blow the whistle on a philandering friend until he produces something else for you to blow.

**Capricorn** (Dec 22-Jan 19): You've avoided commitment long enough. Yes, those are wedding bells you hear and just wait until you see the size of the clapper!

**Aquarius** (Jan 20-Feb 18): Travel is highlighted this month. You long to be anywhere your special someone isn't. Yes, it's going to be that kind of a month.

**Pisces** (Feb 19-Mar 20): It's stocks and bondage time for you this month. A mysterious stranger manipulates your private assets to produce a surprising dividend.

**Aries** (Mar 21-Apr 19): Unpleasant facts concerning a former flame come to light. Time to drop that torch you've been carrying. Time for a blow-out!

**Taurus** (Apr 20-May 20): Stick to your guns this month. Keep your weight down and build those finances up. When Venus enters your sign next month, you'll be prepared to party.

**Gemini** (May 21-Jun 20): It's thighs and whispers time for you and someone new. Your chance to fan some new flames for a change.

**Cancer** (Jun 21-Jul 22): Now is not the time to discuss finances with your partner. Keep him too busy to talk or find something to stick in his mouth.

**Leo** (Jul 23-Aug 22): Sure you need your space, and this month you get a chance to run amok! Just remember to come home when you're done.

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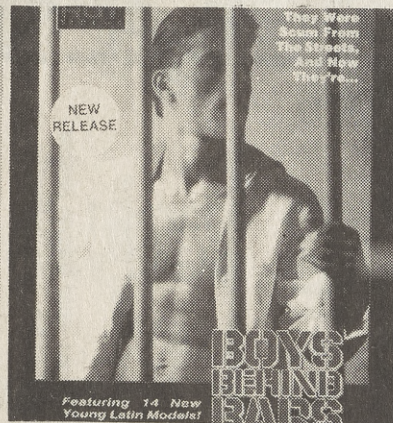
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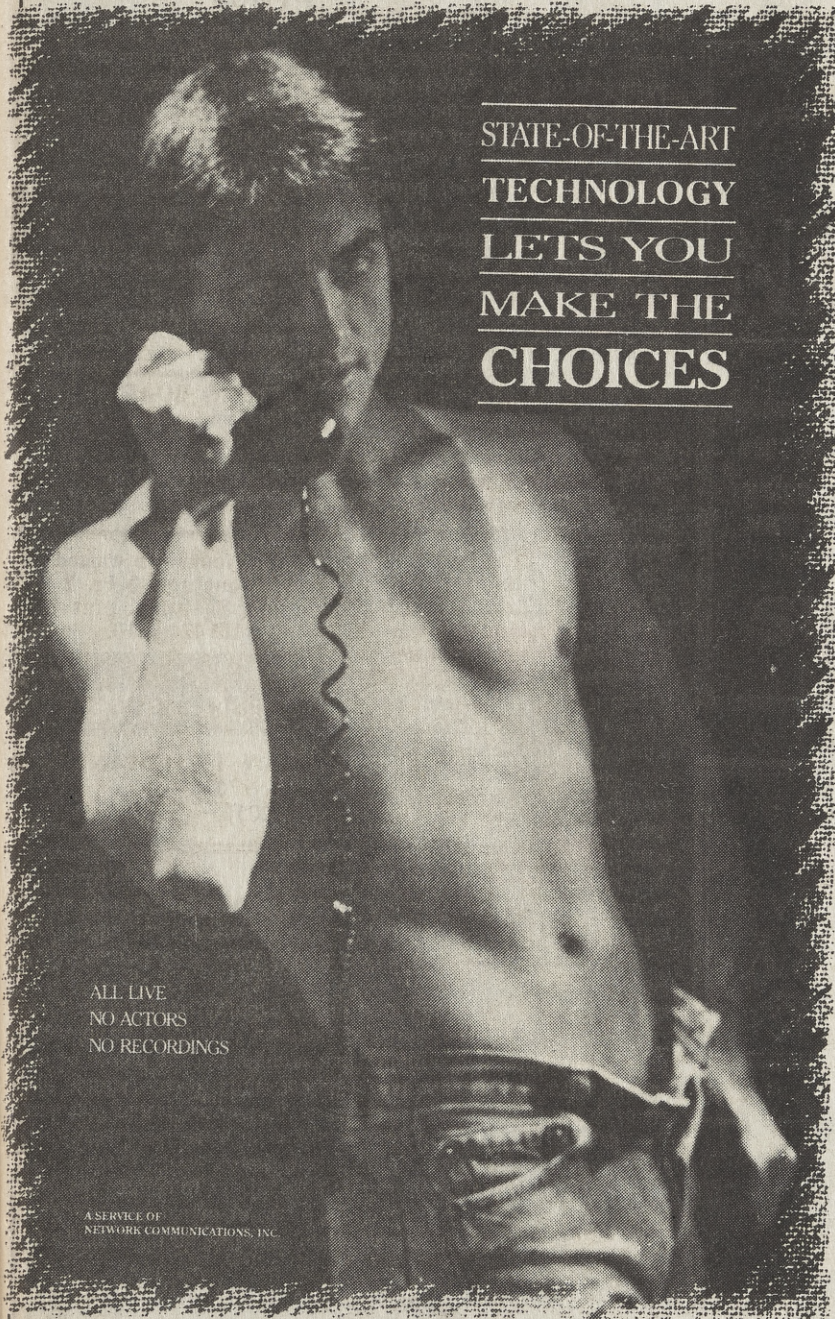
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